K.R. Allen Services

7605 FM 517 E · Dickinson, TX 77539 · 281-339-3006

NEW CLIENT INFORMATION FORM

Customer Profile

Please complete all applicable fields, then click SUBMIT FORM at the bottom.
Email a signed W-9 to purchasing@krallen.net.

DATE

1. COMPANY INFORMATION

COMPANY NAME (APPLICANT) **DBA (IF DIFFERENT)**

PHYSICAL ADDRESS (STREET) **CITY** **STATE** **ZIP CODE**

CORPORATE ADDRESS (IF DIFFERENT) **CITY** **STATE** **ZIP CODE**

BILLING ADDRESS (STREET / P.O. BOX, IF DIFFERENT) **CITY** **STATE** **ZIP CODE**

MAIN PHONE # **WEBSITE**

TYPE OF BUSINESS **DATE BUSINESS STARTED**

2. CONTACTS

CONTACT	NAME	TITLE	PHONE #	EMAIL
Officer (1)				
Officer (2)				
Operations Contact				
Authorized Agent				
Accounts Payable				

3. BILLING & TAX

IRS Form W-9 required. Please email a signed, current W-9 to purchasing@krallen.net.
For your security, please do not write your SSN or EIN on this form.

W-9 emailed to Purchasing

Purchase Order Required? Yes No **COMMENT(S)**

Sales Tax Required on Invoices? Yes No **COMMENT(S)**

If NO, please provide a Sales Tax Exemption Certificate or Direct Pay Permit Number.

4. PROJECT & ADDITIONAL INFORMATION

HOW DID YOU HEAR ABOUT US?

PROJECT DESCRIPTION / COMMENTS (location, scope, timeline)

SUBMIT FORM emails this completed form to projectteam@krallen.net.
If nothing opens, save the form and email it there.

SUBMIT FORM